

PLAINTIFF <i>Leroy Riley</i>		COURT CASE NUMBER <i>05-172 ER...</i>	
DEFENDANT <i>c/o MR GASTON</i>		TYPE OF PROCESS	
SERVE AT	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN <i>Pennsylvania Dept of Correction (Central office)</i>		
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) <i>2520 LISBURN RD, Camp Hill, PA 17001-0594</i>		
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW		Number of process to be served with this Form 285	
<div style="border: 1px solid black; padding: 5px;"> <i>Leroy Riley EQ8672</i> <i>SCI FOREST, P.O. Box 945</i> <i>MARIENVILLE, PA 16238-0945</i> </div>		Number of parties to be served in this case	<i>5</i>
		Check for service on U.S.A.	
SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):			
<div style="position: relative;"> <div style="position: absolute; right: 0; top: 0; transform: rotate(90deg); transform-origin: right top;"> 2006 APR 3 AM 9:53 U.S. MARSHAL SERVICE </div> </div>			
Signature of Attorney other Originator requesting service on behalf of: <i>Leroy Riley PRO SE</i>		<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER DATE <i>3/13/06</i>
SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE			
I acknowledge receipt for the total number of process indicated. <small>(Sign only for USM 285 if more than one USM 285 is submitted)</small>	Total Process	District of Origin No. _____	District to Serve No. _____
		Signature of Authorized USMS Deputy or Clerk	
		Date	
I hereby certify and return that I <input type="checkbox"/> have personally served, <input checked="" type="checkbox"/> have legal evidence of service, <input type="checkbox"/> have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.			
<input type="checkbox"/> I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)			
Name and title of individual served (if not shown above)		<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode	
Address (complete only different than shown above)		Date <i>3/27/06</i>	Time <input type="checkbox"/> am <input type="checkbox"/> pm
		Signature of U.S. Marshal or Deputy <i>[Signature]</i>	
Service Fee <i>ja</i>	Total Mileage Charges including endeavors	Forwarding Fee	Total Charges <i>ja</i>
		Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*) <i>\$40.00</i>

REMARKS: *3-23-06 9812 8020 3249*PRIOR EDITIONS
MAY BE USED

PRINTS COPIES:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

FORM USM-285
Rev. 12/15/80
Automated 01/00